

EVIDENCE-BASED CLINICAL STANDARDS: AN ALTERNATIVE FOR THE ADAPTATION OF CLINICAL PRACTICE GUIDELINES IN A HIGH-COMPLEXITY UNIVERSITY HOSPITAL IN COLOMBIA



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Background

The adaptation of Clinical Practice Guidelines (CPGs) requires systematic, sustainable, interdisciplinary, and evidence-based processes that enhance efficiency, care quality, and patient health outcomes (1,2). The implementation processes of these recommendations are often not tailored to local contexts, limiting their effectiveness. Therefore, it is essential that the adaptation of CPGs includes strong processes of implementation, evaluation, and updating, aimed at improving the quality of patient care (2,3,4).

Objective

Develop a process for adapting Clinical Practice Guidelines (CPGs), referred to as Evidence-Based Clinical Standards (EBCS), in a high-complexity university hospital in Colombia.

Methods

The following methodology was used to develop the EBCS process: An interdisciplinary team, named the Clinical Standards Development Committee, was formed to review national and international guidelines for adapting CPGs. The activity plan was structured as a phased process (Figure 1), following the ADAPTE methodology (4).

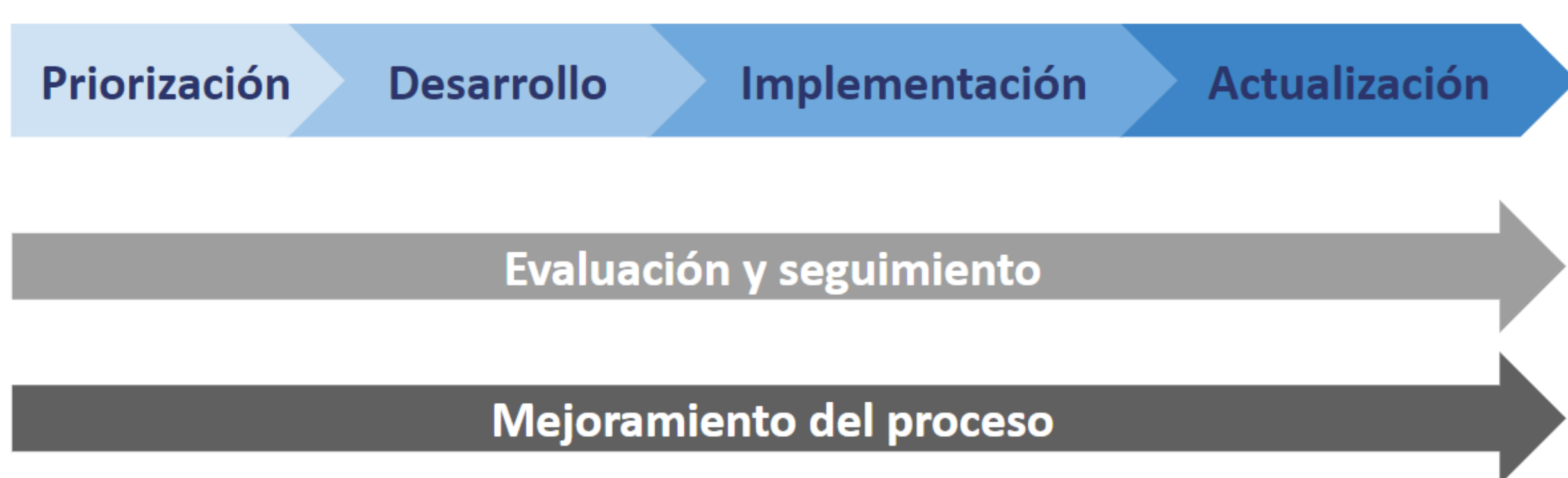


Figura 1. Ecosistema de actores involucrados en el proceso de generación de ECBE.

Results

A total of 42 conditions/diseases were prioritized based on disease burden and the preferences of the institution's healthcare services; 27 (64.28%) of these conditions were fully developed into EBCS. The EBCS process includes a systematic review of CPGs and the construction of a clinical algorithm validated through interdisciplinary consensus. Following development, implementation activities have included dissemination efforts, assessment of facilitators and barriers, and meetings to define specific strategies aimed at improving adherence to recommendations (Figure 2).



Figura 2. Proceso para el desarrollo e implementación de ECBE. [a] Diseño del algoritmo clínico, [b] Reunión de consenso interdisciplinar, [c] Presentación del ECBE, [d] Actividades de difusión del ECBE, [e] Evaluación de facilitadores y barreras.

Knowledge, adherence, clinical outcomes (hospital stay, ICU admission, mortality), and costs have been evaluated through cross-sectional studies. Each phase of the process has been assessed with the aim of optimizing it, considering opportunities for improvement and the available resources.

A total of 159 undergraduate and graduate health sciences students, along with 162 faculty members or professionals from 53 clinical services/areas, have participated in the process. Approximately 370 hours of training and 130 hours of interdisciplinary consensus have been dedicated to this effort.

Discussion

El proceso de generación de ECBE es basado en la evidencia, sostenible, que involucra la participación equipos interdisciplinarios con diferentes capacidades y que se adapta al contexto de recursos limitados. Se considera un proceso exitoso debido a que se ha alcanzado la adaptación de GPC, que ha generado estrategias para implementación de las recomendaciones que buscan la **atención integral, centrada en el paciente**. Es necesario que la implementación sea continua, dado que se ha documentado que la adherencia disminuye con el paso del tiempo (1,4).

Conclusion

El proceso de generación de ECBE ha permitido priorizar y adaptar e implementar GPC a un **contexto de recursos limitados**, requiere análisis de evidencia científica, interdisciplinariedad y compromiso organizacional.

Escanee, para conocer más de la propuesta



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